PHYSICIANS should state ORD. Every item of infor-Exact statement of SCCUPA-A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS AGE should be MARGIN RESERVED mation should be carefully supplied. B.—WRITE PLAINLY, WI

BINDING

FOR

V. S. No. 1

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ı	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	11050
1. PLA	ACE OF DEA	TH				11958
Cou	unty ST	ma	yey's		Registration Dist. No. 2 &	-6
Vill	lage or City	Bus	linn	<u>d</u>	No. No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Len	gth of residence in c	ity or town where	death occurred)yrsOmos	ds. How long in U.S. If of foreign birth?yrsmc	sds.
2. FUI	LL NAME	Ste	ell.	en	Visuations	
(a)	Residence: No.	Buch	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PE	ERSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	e	OR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 (Year)
HUSB	ied, widowed, or div AND of VIFE of	orced		0	22. I HEREBY CERTIFY, That I atlended	deceesed from
6 DATE OF	F BIRTH (month, da	y and year)	2-6-	2 3	I last saw h Landing on 2 1933	,
7. AGE	Years	Months	Days	If LESS then 1 day,hrs.	to have occurred on the dete stated above, et 2. P. m.	, death is said
	(1	0	11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
NOCCUPATION 8. Tra	ade, profession, or p kind of work done SAWYER, BOOKKE dustry or business I work was dene, as SAW MILL, BANK,	particular , es SPINNER, EPER, elc	son		later	Date of onset
70. Da	SAW MILL, BANK, te deceased last wo this occupation (me year)	rked at	spe	ime (years) nt in this U		
	PLACE (city or town ate or country)	Bus	luge	0	Other Contributory Causes of Importance: But fully (alex-	
13. NA	ME/ferm	, tuls	mar	uzlin		
13. NA 14. BIR	RTHPLACE (cily or t	OWN) 132	lung	0	Name of operation Date of	
	(Stete or country)		mod -		Whet test confirmed diagnosis? Wes there an a	utopsy?
15. MA	LIDEN NAME LA	range	a Her	man	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
15. MA 16. BIR	RTHPLACE (city or t (State or country)	own) 12.	slyr		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORM	MANT / franchistory	Jula	an	estury	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	CE.
	, CREMATION, OR	REMOVAL Affe an	Dete 2 -	6 - 19 3 3	Manner of injury	
19. UNDERT	TAKER (Idress)	and the same	Ser	el mas	24. Was disease or injury in any wey related to occupation of deceased? L	w
20. FILED	2-6-	19.23 M	& Pal	Registrar.	(Signed) TM-V Parmin (Address) armin	M.D.
		10	11 1 11	// C D :		7.6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of certificate.

See instructions on back

important.

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V. S. No. 1 B.

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item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1959
1. PLACE OF DEATH	<u></u>
County St. Man	Registration Dist. No. 256
Village or City Calculy	No. 777 C St., Ward
Length of residence in city of Jown where death occurred 31 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME / Cose Belle	Beown.
(a) Residence: No. Hy Cy (Usual place of abode)	St., Ward. M If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5d. If married, widowad, or divorced HUSBAND of (or) WIFE of Samuel Burn	(Month) (Day) (Year) 22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4 - 8 - 9	I last saw he dive on 19 19 19 19 19 19 19 19 19 19 19 19 19
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 1 Pm.
5 3 9 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco
8 Trade profession or particular	Deably hullity Pate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month end	
10. Date decessed last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Fe aif of	Other Contributory Causes of Importante:
(State or country)	siddle ded when see
13. NAME Land The Lan	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMES LEA TOLON	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (a fig.) (State or country)	Accident, suicide, or homicide?
7. INFORMANT Land Burne Burne (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIece Local Hear Date 2 - 1 (-, 1933	Manner of Injury
19. UNDERTAKER Q C WELCL	Nature of injury 24. Was disease or injury in eny wey related to occupetion of deceased?
20. FILED 37 10 , 1933 M. V. Paleur	(Signed) TWY V. Celum M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Language of the second	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD A PERMANENT BINDING WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WHITE PLAIN

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1 PLACE OF DEATH County Death County Death	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 27
Village or City Mayornia (No	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mach Single MARRIED MINGLE WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from ,1990, to ,1990, to ,1990, that I last saw here alive on ,1998.
7 AGE STOREN STO	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or parNoular kind of work (b) General nature of industry business, or establishment in which empleyed (or employer) 9 BIRTHPLACE (State or country)	(Buraflon) yrs. mes. ds.
10 NAME OF FATHER LEO DE HERBERT COMM. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 NAME OF LEO DE HERBERT COMM.	(Signed) JOSEPH (Address) Trans. 46. (Signed) JOSEPH (Address) M. C. *State the Diskasz Causing Drath, or, in deaths from Violent Causes, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Salving Ma. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE MOTHE (Informant) Landing Days of My Solve	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mes, ds, State, yrs, mes, de, Where was disease contracted, If cell at place of death?
(Address) California Ho	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Strong Lower Following Make 10, 1013.7.
Filed Jet 10 1933 Of Ben had Great REGISTRAR If more blanks are needed, address State Registrar, 1	20 UNDERTAKER ADDRESS B. W. Saratoga St. Balto. Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

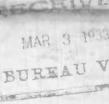
business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Duy laborer. Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question engineer, Stationary fireman, etc. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully is very important, so that the relative healthful-(a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-For persons who have no occupation whatever The material worked on may form part Locomotive engineer, But in many cares If retired from of age.

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (ayoid use of "Croup"); Typhoid fever merer report "Typhoid pueumonia"); Lobar pueumonia. Bronchapucumonia ("Pneumonia," meningualified, is indefinite); Tuberculosia of lungs, meningualified, is indefinite);

ges, peritonacion, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," nephritis, etc. "Tunor" for malignant neoplasms); Measles, Wheoping suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia,"
"Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the спорнентопа Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. "Anaemia" -homicide; Poisoned by carbolic acid-probably Chronic valvalar heart disease; Chronic interstitual "Coma," (mcrely symptomatie), "Atrophy," "Col-oma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. Never The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," "Exhaustion," report mere wound of

tions answered in detail, it will prevent further correspondence and the data is essential and must be obtained before the certificate is permanently filed.

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MOTHER important.

(Address)

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 287 Village or City Wy (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred -ds How long in U.S. if of foreign birth? (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED. DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to heve occurred on the date stated above, at, 1 day, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, or which work was done, as SILK MILL, or which was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Totel time (years) this occupation (month end) spent in this occupation ... Other Contributory Causes of Importance:

12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME Mers 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_____ Date of injury______ 19____ 16. BIRTHPLACE (city or town (Stete or country) Where did injury occur?____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address)

18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceased?_

> If so, specify Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis M	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU.,				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back

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19. UNDERTAKER

(Address)

20. FILEO. Man 1 , 1933

CAUSE OF D mation should

V. S. No. 1

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> PHYSICIANS Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 02190
1. PLACE OF DEATH	(B)
County St Mary	Registration Dist. No. 287
Village or City Pransa	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James C Gordon	sds. How long In U, S. if of foreign birth?yrsmos,ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I stlended deceased from
6. DATE OF BIRTH (month, day, and year) July 10,1928	Hast saw he alive on Tet 25, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & Pm.
4 7 20 1 day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Richtis 1- 1929
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Do Date deceased last worked at this occuration (years)	
DD Date deceased last worked at this occupation (month and spant) appropriate the cocupation (month and spant) appropriate the cocupation occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance;
(State or country) Light 13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Christine fordon	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT John Godon (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Jalumi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signad)

(Address) 92

24. Was disease or injury in any way related to occupation of deceased?_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ADR 4 1933	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement stated EXACTLY. properly classified. AGE should be

FOR BINDING

MARGIN RESERVED

V. S. No. 1

PHYSICIANS should state of OCCUPA-See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. ery important. B.—WRITE PLAINLY, TION

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(242)
County St Marys	Registration Dist. No. 217
Village or City Reason	No. St., Ward
Langth of residence in city or town where death occurred 20 yrsm	(If death occurred in a horpital or institution, give its NAME instead of street and number) os. de. How long In U.S. if of foreign birth? yrs
2. FULL NAME Caroline Clijabeth	Hammet
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED Swrite the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH (Month) (Bay) (Year)
6. DATE OF BIRTH (month, day, and year) april 8, 1854	22. I HEREBY CERTIFY. That I attended decaasad from 193(to 1957 3 1973 I last saw has alive on 2 1933; death is said
7. AGE Yans Months Oays If LESS than 1 day, hrs	to have occurred on the date stated above, at 6.4.5 A m. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME	Other Contributory Causes of Importance: - Circles of Live 1928
13. NAME Usell Hamme W 14. BIRTHPLACE (city or town) (State or country)	Nama ef operation Date of
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Company Oate The first of the company (Address) 19. UNDERTAKER (Address) Company Company	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also that following: Accident, suicide, or homicida? Oate of injury 19 Oate o
20. FILED CLASS Registrar.	(Address) Great Mills, Wed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis MAR 3	1921	Rwn over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ngo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

certificate.

See instructions on back of

TION is very important.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	1	6	0	2	
0	1	J	1	Ú	

1. PLACE OF DEATH			108	
County & mari	7		Registration Dist. No. 280	
Village or City Your	w m	ello	NoSt.,	Ward
Length of residance in city or town where d	anth assured	(If	death occurred in a hospital or institution, give its NAME instead of street and num	
U	eath occurred	1- 9	I de la	
2. FULL NAME Jevije		The y	illi.	- 1
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and Str	ite
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	0.000
3. SEX 4. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	
male Blogs	OR DIVORCE	D (write the word)	(Mog(h) (Day)	93.3 (Yaar)
5e. If married, widowed, or divorced	Y		\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
HUSBAND of (or) WIFE of		/	22- I HEREBY CERTIFY, That I attanded day	aasad from
			19.33 to 4n 3	., 19.53
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months	Deys	If LESS than	last sew harmonia alive on the data stetad above, at A. A. m.	death is said
20 20	l boys	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8 Trade profession or particular		l ormin.	ware as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	bole 1	Pord		
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or businass in which work wes done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and				
work wes done, as SILK MILL, SAW MILL, BANK, etc.	vrer			
10. Date deceased last worked et this occupation (month and year)	\$pe	ime (years) nt in this upation		
4	me	a delication	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	mil	us		
	the			
E 4	is mi	(.		
14. BIRTHPLACE (city or town) (State or country)	m	re al	Name of operation Dete of Was thar an aut	
	1 some	2	23. If deeth was due to external causas (VIOLENCE) fill in also the following:	ppsy:
15. MAIDEN NAME / Clies (16. BIRTHPLACE (city or town)	N m	us	Accidant, suicida, or homicide? Date of injury-	. 19
(State or country)		no	Where did injury occur?	
17. INFORMANT Comes of	20 12	1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	E.
(Addrass)	N m	ulls		
18. BURIAL, CREMATION, OR REMOVAL	5	7 75	Manner of injury	
Place M. Thur	Date	19.80	Natura of injury.	
19. UNDERTAKER Shomes	ALL	2020	24. Was disease or injury in any way related to occupetion of daceased?	
(Addrass) Her	mul	2 14	If so, specify	
20. FILED	/		(Signad)	M. D.
/		Registrar.	(Address) (Address)	ea .

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: 1916 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLAINLY.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	UI96
County St. Mario	Registration Dist. No. 284
Village or City Me chancemale md	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME \ (a) Residence: No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4. 20 ,193.3 (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That Lattended decaasad from
6. DATE OF BIRTH (month, day, and year) . On the work of the control of the contr	I last saw h
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of one of the oct
Kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spantin this ////	uteus, 1932
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME Joseph Mason 14. BIRTHPLACE (city or town) Many Land	Name of operation work Date of
(Stala or country)	What test confirmed diagnosis? But the A Clary Was there an au'opsy?
15. MAIDEN NAME Tena Summerville 16. BIRTHPLACE (city or town) mangle	23. If death was due to axternal causes (VIOLENCE) fill In also the tollowing:
16. BIRTHPLACE (city or town) May low (Stete or country)	Accidant, suicida, or homicide?
17. INFORMANT John Haller Address) mechanismulle ma	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
Place St. Description Date 716. 77, 1933	Mannar of injury
19. UNDERTAKER Climer & Tobal (Address) me chances rule m.d.	24. Was disease or Injury in any wey related to occupation of daceased?
20. FILED. 2/27, 1933 Lever & Jochann. Registrar.	(Signed) (Address) Chaptes M.D.

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I

Gallstones

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Example II

1 year

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephribis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Gastroenteritis

May 1,1923

V. S. No. 1

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important. See instructions on back of certificate.

TION is very

PHYSICIANS should state RD. Every item of infor-

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01965
1. PLACE OF DEATH	(159)
County St. may 3	Registration Dist. Np. 2-8-6
Village or City CCC	No. Co. St., Ward
	death occurred in a hospital or institution) give its NAME instead of street and number) ds. How long in U. S. If of foralgn birth?yrs
N 1 11	
A FOLL NAME	To form
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (verite the word)	(Month) (Dey) (193 3
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended decaysed from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from 2 - 2 - 1933, to 2 - 2 - 1953
6. DATE OF BIRTH (month, day, and year) 2, -2, 3 -33	I lest saw h eliva on 19.3 daeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2 m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8 Trade profession or particular	were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	hull
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10. Date dacaasad last worked at 11. Total tima (years)	
this occupation (month and yaar)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State ar country)	du to myssel)
13. NAME Bunaed Jours	
13. NAME 3 command form	Name of operation Data of
(Stete or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME dualallement with	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) are	Accident, suicide, or homicide? Data of injury19
(Steta or country)	Where did injury occur?
17. INFORMANT 2 WT W and Cal	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece 1933	Natura of injury
19. UNDERTAKER / M- mules (Address)	24. Was disease or injury in any way related to occupation of daceased?
10.000	(Signed) WY-V. Calum M. D.
20. FILED	(Address) are und

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Example I	II.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ORB. Every item of inforof OCCUPA-Stated EXACTLY. PHYSICIAMS UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. B.—WRITE PLAINLY, WI ż

V. S. No. 1

	SIAIL	OF MAR	YLAND-	CERTIFICATE	OF DEA	IH (1)	GPC
1. PLACE O	F DEATH					Ul	000
County	1. lu a	a.)		Registration D	ist. No. 2	86
Village or C	dence in city or town where	u		No. f death occurred in a hospital or institute s. [[Lob.] How long in U.S. If of			
	0- 70	death occurred	yrsmos	s. 1 t 1.05. I now long in 0.5.11 of	r toreign birth:	yrsr	mosas.
2. FULL NA	0	a	and	way o			
(a) Residen	ce: No.	(Usual place	of abode)	Ward.	If nonresident gi	ve city or town an	d State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	2(Month)	2_3	, 193. 3
5e. If married, widow HUSBAND of	ed, or divorced		V			,	(1001)
(or) WIFE of		-		22. I HEREBY		The second second	
	-	22.3	_ 9 ~		19.3., to 2	2	19.3.3
7. AGE Yea	month, dey, and year)	Days	If LESS than	i lest saw h alive on alive on	-	7	Z; death is seld
7. 7.00	in ontilis	l oays	1 day, 19hrs.	The PRINCIPAL CAUSE OF DEAT		of importance	
_ 8. Trade profes	ssion or perticular	1	ormin.	were estellows:	1:		Date of onset
kind of v	ssion, or perticuler vork done, es SPINNER, BOOKKEEPER, etc	Lun	-	Bill	and	m	1-23-3
Andustry or	business In which s done, as SILK MILL,						
SAW MIL	L, BANK, etc	lu		~			
	ed lest worked at pation (month and	11. Totel t	ime (yeers)				
year)		Occi	ipetion	Other Contributory Causes of impo-	rtance:	0	
12. BIRTHPLACE (cit		ver		hulmon	- up	ulle	z
(State er cour	ntry)	1	>	duy	to w	ang	
13. NAME 13.	mayo	(for	~	www.		····/	
14. BIRTHPLACE		Chan	~	Neme of operation		Date of	
(State of	C 1 0	-	1	What test confirmed diagnosis?		Was there an	autopsy?
15. MAIDEN NA	MEZduat	allu	my -	23. If death was due to external caus	ses (VIOLENCE) fill i	in also the followin	ng:
15. MAIDEN NAI 16. BIRTHPLACE (Siete or		and of	des	Accident, suicide, or homicide?	Da	ite of injury	, 19
(31616 01	V/1/1/17	100	0 0	Where did injury occur?	(Specify city or to	wn, county and St	ate)
17. INFORMANT (Address)	ann	runa	teel	Specify whether injury occurred in	INDUSTRY, in HOM	E, or in PUBLIC P	LACE.
18. BURIAL, CREMAT	ION, OR REMOVAL	1	0 == -2	Manner of injury			
Place.	EMIKE	Dete 12	-25.,19.33	Nature of injury			
19. UNDERTAKER /	estur)	Mord	land	24. Wes disease or injury in any wa	related to occupet	ion of deceased?	us.
(Address)	and the	10/2	-	If so, specify	1170	Jala	w
20. FILED	7-1923 VC	Voul	sur!	(Signed)			M.D.
			Registrar.	(Address)			

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		1 2 2 2 2	
		The same of the sa	
Other contributory causes of importance:		Other contributory causes of importance:	
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Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

BINDING	-
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V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH (11967
1. PLACE OF DEATH	93-0
County AT mary	Registration Dist. No. 282
Village or City Leonardown	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Lands Senations &	-17
(a) Residence: No.	SSTA_Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) State	21. DATE OF DEATH (Month) (Day) (Yaer)
5a. If merried, widowed, or dispreed HUSBAND of	22. 1 EREBY CERTIFY. That Lettended deceased from
(ac) HIFE-or Fela Grater	22. 1 HEREBY CERTIFY, that lettended deceased from
6. DATE OF BIRTH (month, dey, and year) May 22 1861	I lest saw h free attre on Feb 19 1933; daath is said
7. AGE Years Months Days If LESS then	to have occurred on the deta stated above, et
7/ 7/ 8 27 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceusas of importence ware as follows:
8. Trede, prolassion, or perticular kind of work done, as SPINNER,	Hast Julies
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes dona, es SILK MILL, SAW MILL RANK etc.	Busquarditer Chron buton
work wes dona, es SILK MILL, SAW MILL, BANK, etc	mystersaur yron promotor,
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
(Stete or country)	
13. NAME James U hossis	
14. BIRTHPLACE (city or town) II. Maryle les Ing.	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an eutopsy? 250
15. MAIDEN NAME Mary fant hlyer	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicida?
Great la Suattingles	Whare did injury occur? (Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass) Horage Cloved	The state of the s
18. BURIAL, CREMATION, OR BEMOVAL	Menner of injury
Place of May Comment Pale of No. 21 77, 1933	Nature of injury
19. UNDERTAKER DE G Mallingly	24. Wes diseasa or Injury in eny way related to occupation of daceased?
(Address) Levyand Tofon My	Il so, specify
20. FILED 70, 1933 Caualle A Registrar.	(Signad) M. D. (Address) Mennan Allren Bud
Registrar.	" (nources)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Example II	1
The principal cause of death and relate of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, B. 18. 11.			
Other contributory causes of importan	- content of the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE	OF DEATH			STATE OF	MARYLAND
County	1. mar	12	(31)	CERTIFICA	TE OF DEATH
	~		(30	Registration	on Dist. No. 285
Village or City	10	- 0 (mol ewbin 4	St.: We	ard) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSON	AL AND STATIST	ICAL PARTICULARS	N	SEDICAL CERTIFICAT	E OF DEATH
3 SEX	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF C	GEATH (Month)	, 192
6 DATE OF BIR		(Day) (Y	that I last saw	39	attended the deceased from Cef 24, 1923
7 AGE	ure 5	mos. 4 ds. or	than and that death	n occurred on the date sta	
business, or e- which employ 9 BIRTHPLACE (State or cou	untry)	Franning May la	Contributor Sec ond ery	Auto (Duration)	yrs mos ds
10 NAME OF FATHER	Kriber	Com	(Signed)	198 i (Address)	Danley, Mid
OF FATH	ecountry)	mol.	*State Violent Car Accidental, S	the Disease Causing Deuses, state (1) Means of Suicidal or Homicidal.	ath, or, in deaths from Injury and (2) Whether
12 MAIDEN OF MOTH 13 BIRTHPI OF MOTH (State or	ACE /V	mod.	At place of deathyrs	cent Residents) Inds.	the Stateyrsmosds
14 THE ABOVE	19	TOF MY KNOWLEDGE	if not at place Former or usual residence.	of dea.h?	
(Add	-	Jmand	19 PLACE OF	and Hear	h Grah 62 3
Filed 2	4-1983	N Vifalu	20 UNDERTA	ems Hall	Symanoh 1
	If more banks are	needed, address Ltate Re	gistrar, 16 W. Saratos	ga St., Balto., Requesting	v. s. n.d.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs. For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement.

Never return "Laborer." "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Wornwithout more precise specification as Day Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Drs. EA: E CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: (erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menit citis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death definus) may be stated under the head of "contributory." Auccident; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainstated unless important. Example: Mcasles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary). use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; "Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Chronic etc. The contributory affection need not be valvular heart Nomenclature discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is permanently filed.

1933

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I	112	Example II	
related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1023	1915	Attack of epilepsy	1 week ago
`	1921	Run over by street car	1 week ago
CAIL A. B.	July 5,1927	Peritonitis	3 days ago
oortance:		Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year
	related causes	related causes Date of onset 1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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RIT	ion	USI	Z
[M-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TIO
B.			53
N. BWRITE PLAINLY, WIT, UNFADING INK-THIS IS A PERMANENT RE-ORD. Every item of infor-			TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-20
County St. Mary	Registration Dist. No. 202
Village or City Dlessetts	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give his valvile instead of street and number? ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME SSEAM Wheatley Meld	
(a) Residence: No. Meanamanule	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Flor
Male Johned married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22: J. I HEREBY CERTIFY. That I attended deceased from
Colymbia Dynun,	Tel. 13 1933, 10, 19
6. DATE OF BIRTH (month, day and year)	I last saw halive on The 10, 19.3.3.; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Were as follows:
kind of work done, as SPINNER, TAMMU SAWYER, BOOKKEEPER, etc	aneusselerosis 1915
kind of work done, as SPINNER, HAMMAN SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occuration (month and the same time (years)) this occuration (month and the same time).	
10. Date daceased last worked at this occupation (month and 20 spent in this 7	
Mocheniesello	Other Contributory Canses of importanca:
12. BIRTHPLACE (city or town)	Toppani Ludoundilla
	ant a the auctivities
H 13. NAME XVV M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	arrie Tregulgianin
13. NAME XSOM JULIA 14. BIRTHPLACE (city or town) Charles Co.	Nama of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MANDOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME WHANDWN 16. BIRTHPLACE (city or town) MN Sunvwn (State or Gooden)	Accidant, suicide, or homicida? Date of injury
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT LUMW Allay (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place N. WW.M Date 1 14- 28 , 19.33	Nature of Injury
Goldmen the bankar	MA
19. UNDERTAKER. OWN W	24. Was disease or injury in any way related to occupation of decaased?
(Address) MUSHAMASAM	If so, specify
20. FILED IN Al 1933 A. J. AVMING Registrar.	(Signed) A: M. D. (Address) M. D.
If more Wants are needed address State Penistrar	24. N. Charles Street Relimore Properties 1 S No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car 1 week a
Run over by street car 1 week a
27 Peritonitis 3 days at
Other contributory causes of importance:
923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	JRTHER STATE	MENTS BY	PHYSICIAN
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V. S. No. 1 B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11971
1. PLACE OF DEATH	102
County St Marys	Registration Dist. No. 287
- Village or City Great Mills	No. St. Ward
Length of residence in city or town where death occurred 50 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How fong in U.S. if of foreign birth?
2. FULL NAME Maria It Sharm	7
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, 0. DIVORCED (write the word) Wildowed	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBAND of (or) WIFE of J. A. B. Stermentine	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Man 27, 1838	I last saw Le alive on Eb 5, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, al930Am.
94 8 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wero as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	
9. Industry or business In which	arone do preumoria 1/242
work was done, as SILK MILL, own home	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (cily or town) It Many County	Other Contributory Causes of importance:
(State or country) Maryland	Sembly 1928
13. NAME John tenner	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Johanna	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stale or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT / Helen Hayden	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ebeneza Cemeligate Fet 8, 19.73	Nature of injury
19. UNDERTAKER LOM @ Mallingly (Address) Leoner Mount mil	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Fel 6 1933 PAMES MD	(Signed) Pf Bean M. D.
Rocal Registrar.	(Address) Great Mills med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	1 11
Gallstones	May 1,1923	Gastrocnteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, WITH

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- (82-E)
County St Many	Registration Dist. No. 287
Village or City Benchoille	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?mosds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Consider the word of the word	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James a Tennisan	22. I HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, and year) March 28, 1844	I last saw been aliva on fan 28, 1933; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at!
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Own home SAW MILL, BANK, etc.	Senilely 1930
10. Date deceased last worked at this occupation (month and heavy (227) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Addin Coun	Const Country Court of Importance.
(State or country)	Cerebral thrombosis 1929
13. NAME Sewis Asiley 14. BIRTHPLACE (city or town)	Name of operation Date of Date
(Steta or country) market	What test confirmed diagnosis? Was there an autopsy? 16-
15. MAIDEN NAME Elizabett Giban 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFDRMANT Chand Junion (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Piace St Pringers Centry Date Feb 3, 1923	Manner of Injury
19. UNDERTAKER Egget A logical (Address)	24. Was disease or injury in any way related to occupation of deceased? 20
20, FILED Leb 2, 1953 Py Bean Mix. Registrar.	(Signed) M. D. (Address) Quet mills, and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEAT plnods item of County / Village or City jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? ______ vrs. ____ mos. town where statement RECORD. (a) Residence: No. If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CTL (Month) (Day) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That t attended deceased from (or) WIFE of K EX 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years If LESS than to have occurred on the date stated above, at_ Months Days stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min_ Data of onset 8. Trede, profession, or particular kind of work done, as SPINNER, HIS OCCUPATION SAWYER, BOOKKEEPER, etc back 9. Industry or business in which may pluods work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at no 11. Total time (years) spent in this this occupation (month and that occupation ____ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation... (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Date of injury_____ 19. DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous (Address) OF 18. BURIAL, CREMATION, OR Manner of injury TION is Date V. Nature of injury 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) If so, specify B. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Nø./1.

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TORRAU T			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY, WI

V. S. No. 1 B ż

1. PLACE OF DEATH	019:4		
9000	783		
	Registration Dist. No. & & V		
Village or City Company	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Baky Young (1)			
(a) Residence: No. Olambar Mand	St. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH		
male Colored	(Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from		
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Teh. 16, 1933	I last saw h alive on, 19; death is sald		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,		
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8 Trade profession or particular	were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.			
9 Industry or husiness in which	/ FULL VOICE		
work was done, as SILK MILL, SAW MILL, BANK, etc			
year) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)			
(State or country)	Memalinety of		
13. NAME John Torest Holly	welter with		
14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of		
(State of county)	What test confirmed diagnosis? Was there an au'opsy?		
15. MAIDEN NAME NAME Santi Journey 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill In also the following:		
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?		
1 (State of County)	Where did Injury occur?(Specify city or town, county and State)		
17. INFORMANT allaway and	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.		
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manage of Salura		
Place A Jacob Dete + 16 193	Manner of injury		
(story y			
19. UNDERTAKER (Addless)	24. Was disease or Injury In any way related to occupation of decessed?		
Hall 11 MA Landow	If so, specify (Signed) I lay Collected M. D.		
20. FILED JULY . B	(Ardress) Alaplia ma		
Registrat.	(711.01.000)		

STATE OF MARYI AND-CERTIFICATE OF DEATH

If more blank's are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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